

ST. BERNARD'S 55+ SOCIAL CLUB

Membership Application Form

Please Print:

Date: _____

Name: Mr., Mrs., Ms. _____
(Circle One)

Address: _____

Phone: (H) (____) _____ **(C)** (____) _____

E-Mail Address: _____

Permanent Resident? Yes No Winter Visitor? Yes No
(Circle One) (Circle One)

If Winter Visitor, please complete permanent address below:

Registered Member of St. Bernard of Clairvaux Parish? Yes No
(Circle One)

Is transportation to functions needed? Yes No
(Circle One)

Important:

Registration fee is \$12.00 per person.

Make check payable to St. Bernard's 55+ Social Club.

Mail completed form and check to St. Bernard's 55+Social Club, 10755 North 124th Street, Scottsdale, AZ 85259 or drop envelope in Sunday collection basket or drop envelope off at the Parish Office.

Check# & Amount _____ **Cash** _____